SOCIETY FOR THE STUDY AND CURE OF INEBRIETY

INAUGURAL ADDRESS

DELIVERED IN THE

MEDICAL SOCIETY OF LONDON'S ROOMS

APRIL 25TH, 1884

BY

NORMAN KERR, M.D., F.L.S.

PRESIDENT

PUBLISHED AT THE REQUEST OF THE SOCIETY

LONDON

H. K. LEWIS, 136, GOWER STREET, W.C.

1884

ONE SHILLING

WELLCOME LIBRARY
WM 274
1884
K41i

SOCIETY

FOR THE

STUDY AND CURE OF INEBRIETY.

PRESIDENT: NORMAN KERR, M.D., F.L.S.

VICE-PRESIDENTS.

SIR GEO. BURROWS, BART., M.D., F.R.S.
SIR SPENCER WELLS, BART., F.R.C.S.
SIR EDWIN SAUNDERS, F.R.C.S., F.G.S.
SIR G. H. PORTER, M.D., F.R.C.S.I., Dublin.
SIR W. MILLER, M.B., F.R.C.S.I., Londonderry.
DR. CAMERON, M.P.
DR. FARQUHARSON, M.P.
PROF. MACLAGAN, M.D., F.R.S.E., Edinburgh.
PROF. MACALISTER, M.D., F.R.S., Cambridge.
PROF. McKENDRICK, M.D., F.R.S.E., Glasgow.
W. B. CARPENTER, C.B., M.D., F.R.S.
B. W. RICHARDSON, M.D., F.R.S.
J. S. BRISTOWE, M.D., F.R.S.
C. J. HARE, M.D., F.R.C.P.

TREASURER.—C. R. DRYSDALE, M.D., M.R.C.P.

HON. SECRETARY.—J. M. CAW, M.B., C.M.,
42, Grove Road, Regent's Park, London, N.W.

COUNCIL.

D. B. BALDING, F.R.C.S., Royston.
WICKHAM BARNES, F.R.C.S.
M. BEVERLEY, M.D., Norwich.
H. BRANTHWAITE, F.R.C.S.E., Willesden.
DR. BRIDGEWATER, Harrow.
ALFRED CARPENTER, M.D., J.P.
J. EASTWOOD, M.D., J.P., Darlington.
SURGEON-MAJOR EVATT, M.D.
SURGEON-GENERAL C. R. FRANCIS, M.B.
J. HILL GIBSON, M.D.
STANLEY HAYNES, M.D., Malvern.
J. S. HICKS, F.R.C.S.E., F.L.S., Liverpool.
J. B. HURRY, M.B.
MURRAY LINDSAY, M.D., Derby.
A. PEDDIE, M.D., Edinburgh.
SURGEON-MAJOR G. K. POOLE, M.D.
GEO. ROBERTSON, M.D.
J. SMITH, M.R.C.S., Rickmanworth.
SIMON FITCH, A.M., M.D., Halifax, Nova Scotia.
G. DANFORD THOMAS, M.D.
E. H. VINEN, M.D., F.L.S.

At a Meeting of the Society held on 25th April, 1884, in the rooms of the Medical Society of London, Resolved, on the motion of E. Hart Vinen, M.D., F.L.S., seconded by C. J. Hare, M.D., F.R.C.P., President of the Metropolitan Counties Branch of the British Medical Association:—"That the best thanks of the Society be accorded to Dr. Norman Kerr for his able and eloquent Inaugural Address, and that he be requested to allow it to be published and to be circulated among the Profession."

22501734745

INAUGURAL ADDRESS.

—o—

"WHAT! another society to be added to the thousand and one associations which surely already more than cover the whole field of philanthropy, religion, morality, and science, and which in this realm of Britain overwhelm us with their multitudinous and irrepressible demands!"

Yea, verily, we are assembled here to-day to inaugurate a new society, the special work of which has hitherto been overtaken by no associated body amongst us, the want of which has long been felt by the intelligent and unprejudiced inquirer into the rise and progress of those phenomena of intemperance which, in so many lands and for so many centuries, have checked the prosperity of the community, have dimmed the lustre of the commonwealth, have lowered the nation's vitality, have marred the symmetry of individual character, have spoiled the brightest intellects, have sullied the purest lives, have destroyed the noblest aspirations, and yet have baffled the most strenuous efforts of the moralist, the theologian, the patriot, and the statesman.

"What! another society to be added to the already enormous group of associations organized to combat the ravages arising from the social use of intoxicating drink! Surely every department of the anti-alcohol movement has been amply provided for by teetotal societies for the young and for the old, for women, for churches colleges and schools, for post office officials, for railway men, for omnibus and cab drivers, for the clergy and the medical profession, for soldiers, for sailors, for labourers, by temperance associations composed of members not restricted to total abstinence, by combinations for the regulation and actually for the prohibition of the liquor traffic, and by a plethora of counteracting measures of amusement, recreation, and innocent refreshment!"

Yes, indeed, another society, and no society more sorely needed. Amid the whirl of philanthropic temperance and religious excitement—amid the eager and crowded assemblages raised to a white heat of enthusiasm by impassioned appeals and by heart-stirring declamation—amid the glow of triumph with which so many ardent temperance enthusiasts regard the victory over intemperance as all but won—the sober truth is hid from the passing gaze, and the stern reality of an innate tendency to inebriety is either forgotten or undreamt of.

What need for Study?

"A Society for the Study of Inebriety. What need for further study? Do not we know all about intemperance?" Alas, there is great need. The very positiveness of the assertion that we know all about intemperance is, to the well-informed scientific inquirer, the most convincing proof of ignorance. We do not know all about intemperance. We know, it is true, we know but too well, much of the evil that arises from intemperate drinking; but of the origin and development of intemperate habits in the individual we know next to nothing. The complex nature of man—his trinity of spirit, soul, and body—the difference of individual constitutions and temperaments—the varying, modifying effect of environment on his character and on his conduct—his inherited predilections—his psychical and physical susceptibilities, and the parts which all these and a variety of other circumstances and conditions play in the shaping of his actions, are matters of which up to the present we have but little accurate knowledge, if for no other reason than that most of us have been blind to the operation of such influences.

It has been urged upon me by one in the medical profession, whom for his position and his wisdom I honour and esteem, that the question of inebriety is too simple to call for serious thought. To me, however, the duty of delivering an Inaugural Address on a subject which appears to the expert to be little understood, and the importance of which seems to be rarely realized, is a weighty undertaking.

> "But he, who thinks how ponderous the theme,
> And that 'tis laid upon a mortal shoulder,
> May pardon, if it tremble with the burden."

Inebriety said to be but Vice and Sin.

Drunkenness has been denounced as but a vice and a sin, and drunkards have been pointed at as abandoned reprobates who revel in their riotous excess to gratify their own vicious desires, and their insatiable love of intentional ~~and shameless~~ indulgence. The inebriate has been proclaimed from the pulpit as a willing sinner, and is punished by the law as a wilful criminal. Most of our efforts at the reclamation of the drunken have been based on this foundation; and from having recognized only the moral and spiritual aspects of intemperance, we have contented ourselves with appeals to his reason, his conscience, and his affections; forgetful, or it may be ignorant, of the fact that his reason is disturbed, his conscience deadened, and his affections blighted by the narcotic action of a material substance on his body and, through his body, on his soul and spirit.

That much good has been done by moral and religious agencies it would be affectation to deny. The great total abstinence movement has wrought a wondrous revolution in many a ~~desolated~~ home, has gladdened many a sorrowing heart, has raised many a drooping spirit, and has ennobled many a wasted life by the blessed transformation which it has effected from apparently hopeless intemperance ~~to strict~~, hopeful, and joyous temperance. The victorious train of every earthly conqueror must pale its ineffectual fires before the long triumphal procession of the *spolia optima*, the most precious spoils, of teetotalism, the trophies of which, though among them flutter no

"Garments rolled in blood,"

are the richest earth can yield—men delivered from the bitter bondage of strong drink, women ransomed from the degrading slavery of alcohol, human captives once grovelling in the dust at their tyrants' feet, now with head erect and bounding step exulting in that glorious enjoyment of liberty which only ~~the truly~~ temperate can appreciate.

In addition to this excellent work of deliverance, an extraordinary ~~amount~~ of preventive ~~work~~ has been accomplished among us by the well-directed and persistent efforts of the remarkable Band of Hope movement, which has grown from small beginnings to a noble muster of some millions of youthful abstainers. If these promising warriors in the temperance host only stand their ground, and remain

firm in the practice of total abstinence, it will be simply impossible for them to fall into inebriety.

Besides this rescuing by adult temperance organizations* and prevention by Bands of Hope and other societies† for the young, a work of untold value has been and is being done by organized effort for temperance legislation, and notably by that greatest of temperance combinations, the United Kingdom Alliance. No association with which I am acquainted has directly and indirectly done more in educating the people to a sense of the dangers of indulgence in strong drink, and in gradually arousing the national conscience to an abiding sense of the stern realities of the terrible mischief arising from the fatal profusion with which such perilous drinks are, under the patronage and with the avowed sanction of the legislature, offered for sale on every side.

But, after all this magnificent array of activity, to say nothing of the multifarious and most useful labours of many other philanthropic and benevolent attempts in the interests ~~of temperance~~, there yet remains a vast and seething mass of inebriety on which this moral, philanthropic, and religious effort is almost entirely thrown away. Though a prisoner may here and there be cut out and borne off by the Coldstream cavalry, and, unfortunately, many of these are rescued only to be retaken and to be bound again more firmly than before with the heavily-weighted chains of ~~inebriate~~ inheritance slavery, the gaps are speedily filled by new recruits, the serried ranks of the army of inebriates close in, and but little impression is made on the compact mass of the dispirited and woebegone slaves of the bottle. Nay, despite all our endeavours, though, happily, there seems to have been of recent years some decrease in the extent of inebriety among males; in the female sex there has actually been a marked and alarming increase, with the added mischief that the lessened temperance of the future mothers of Britain will inevitably affect the ~~sobriety~~ health of succeeding generations, by stamping an ~~inebriate~~ taint on their progeny, or by handicapping their sons and daughters with a more delicate susceptibility to the poisonous action of alcohol on the one hand, and, on the other, with a more weakly constitution and a feebler will-power.

* Such as the National, Scottish, and Irish Temperance Leagues, which have also done much educationally, as has the British Medical Temperance Association, under the distinguished Presidency of Dr. B. W. Richardson, F.R.S.

† Such as the Young Abstainers' Union.

Little accurately known.

So far from everything being known about intemperance, there is comparatively little accurately known. Even of the action of alcohol on the healthy living body our knowledge is limited, and there is a vast field of inquiry to be covered by close and patient observation ere the truth can be elucidated. By some it is contended that alcoholic drinks, taken in strictly moderate quantities, are conducive to health. By others it is contended that, in all circumstances, the smallest quantity of alcohol is injurious. If the first contention be unfounded, as would seem to be the verdict of science and experience, the second has no warrant either from experience or from science.

Again, take disease. There are those who characterize therapeutic treatment with the exclusion of alcohol as unjustifiable and dangerous; while there are those who insist that even the weakest medicinal preparation of the purest alcohol is unnecessary or hurtful. If my observation and common sense revolt at the former proposition, they are equally emphatic in condemnation of the latter. Though I yield to no one in excess of caution in the medical prescription of alcohol, and though there are few who resort to this class of remedies seldomer than I do, I would be disloyal to truth if I did not candidly confess that, though rarely, I have seen cases where immediate and permanent benefit has followed the administration of an alcoholic stimulant. Here is a valuable opportunity for exact observation by the skilled and impartial scientific physician.

I thought that the late Professor Laycock, of Edinburgh, had dealt a death-blow at the superstition that, in the treatment of delirium tremens and alcoholism, alcohol was essential; but so little is settled about the therapeutic employment of strong drink that, with amazement, I heard, the other day, a distinguished member of the medical profession tell a dipsomaniac's friends: "You must not cut off the stimulants all at once, but reduce them gradually. It would not be safe to take away alcohol suddenly, and it will take you months to taper him off." Need I add that at the Dalrymple House his stimulants were cut off at once? He had been drinking immediately before entering. He was allowed no liquor there, and in a week he was in better health than he had enjoyed for years.

The Study of Inebriety in America and Abroad.

In America something has been done in the investigation of inebriety from the standpoint of science. Since 1870, when it was founded by Dr. Parish, the American Association for the Cure of Inebriety has thrown a flood of light on this intricate and obscure subject; and in its Quarterly Journal, under the able editorship of Dr. Crothers, many contributions of interest and importance have been published. On the Continent of Europe among the best observers have been Huss, Petithan, Desguin, Barella, Carpentier, Lefebre, Baer, Bergeron, Lanceraux, du Moulin, and Magnan.

In England.

In our own land valuable materials have been contributed by McNish, Grindrod, Christison, Bodington, Gairdner, Alexander Peddie, Clouston, W. B. Carpenter, Symonds, Forbes Winslow, Blandford, Dalrymple, B. W. Richardson, Alford, Alfred Carpenter, Crichton Browne, Garman, Holthouse, Mould, Tweedy, and others.

But, after estimating all this and other excellent work at its full value, all that has been done has been but the introduction to a more elaborate and extended research, without which we must remain in utter ignorance of the greater part of the truth. All that has hitherto been revealed only the more clearly shows how little we really know of the whole question of inebriety.

Defective Views of Inebriety.

Not a few there are who would dismiss the subject, as too well understood to require further study. It is astonishing how the purely sin view of intemperance blinds some minds to the actual facts. A learned and pious bishop, when one day defending the purely religious view of inebriety, said, "Drunkenness is always a sin." My reply was, "No, drunkenness is not always a sin. At least, if it is, there are certain circumstances in which I would do all I could to precipitate your lordship into the commission of the sin. If I found you bitten by a venomous snake, I would proceed to make you drunk with whisky or other ardent spirit, and the more quickly I could succeed in making your lordship drunk, the more hope I would have of the preservation of so valuable a life to the Church." No, drunkenness is not always a sin. Before the days

of chloroform and other anæsthetics, to bring the patient under the full narcotic power of alcohol so that he could feel no pain from being regularly dead drunk, was found to be an efficient preparation for the amputation of a limb.

Such cavillers cherish the fond delusion that to call inebriety a sin and the inebriate a sinner, is to settle the matter, and that in religious influences lies the only cure. Akin to these are they who hold drunkenness to be but a vice, and that this vice to be eradicated must be treated as a crime. In other words, that the inebriate in order to be reformed must first be punished. On the former of these theories ecclesiastical action against drunkenness has for the most part been based; and on the latter the superstructure of our legislation has, with the one exception of the transient and imperfect though useful Habitual Drunkards' Act, been reared.

Inebriety a Disease.

Is this all the truth? Is the inebriate but a sinner whose sinful acts of drunkenness are a mere yielding to the pleasures of sin for a season? Is his intemperance only a giving way to vicious desires, and the gratification of a depraved taste? Are his repeated outbreaks of excess but the outcome of a perverse and criminal propensity?

Whatever the moralist, the theologian, the lawgiver, may say, we who have had to treat medically these distressing cases of inebriety know that to regard the drunkard but as a weak and willing sinner, a lover of vice and depravity, or a wicked and wilful criminal, is to misapprehend the truth, and completely misunderstand the facts. There come before us, in our professional capacity, men and women of the loftiest purpose and the noblest aims, of the purest motives and the chastest life, of the holiest resolves and the most righteous determination. Why have these fallen from their high estate of temperance? Not through the wicked devices of their own heart, not through any lusting or longing after intemperate indulgence, not from any love of the sin or the vice or the crime, or from any liking for strong drink; but from an inability to resist the force of an overpowering something implanted within their being, which, roused into activity on intoxicants being taken, hurries them sorely against their inclination into the most reckless and shameless excesses. It is beyond my comprehension how any student of the Bible can be

so blinded to the truth when he reads in the Sacred Record that the justness of Noah and the uprightness of Lot did not prevent those splendid types of

"The world's grey fathers"

from unmistakable and even shocking inebriety.

Education no Preventive.

It is a mistake to suppose that education is a safeguard against inebriation. The well-known case of Porson, that prodigy and encyclopædia of knowledge, is a striking proof of the contrary. At the bedside of a dying scholar clergyman and wit, his last words, with a smile on his face, a playful request that we would look after his poor strollers (a few performers at a fair, whom no one but he had then been known to care for), I have met among his old college chums the most devoted and eloquent of modern missionaries, and one of the profoundest theologians of the century. Tender-hearted as a little child to the very last, our guileless friend, whose spirit was so gentle that he would not knowingly have trod upon a worm, with all his accomplishments and kindliness of heart died from an attack of periodical inebriety.

Without exception, the most learned man whom I have ever had the honour of knowing was an habitual drunkard for some ten years before his untimely end. His knowledge was as accurate as it was profound. He was a man of wealth and culture, a member of the Legislature, and belonged to the most exclusive scientific circle in the land. His heart was as tender as his intellect was lofty, the bequests he left evincing the most touching remembrance of a revered parent, and a generous provision for the solace of suffering and for the relief of pain. Yet he was so confirmed an inebriate that he repeatedly was seen intoxicated in public; and the great work of his life, a monument of marvellous research, was unfinished when he died. Do not these and a throng of as harrowing stories of wasted and ruined lives prove, beyond dispute, that alcohol is a physical poison, and that its poisonous narcotic physical action on the brain and nervous system of those susceptible to its influence, can be averted by no intellectual culture, can be altered by no moral agency, the paroxysm of inebriety being as truly a diseased condition as the paroxysm of gout or an epileptic seizure?

Inebriety the Result of Law.

The truth simply is that intemperance is the result of the operation of a natural ordinance, which is as binding as any other ordinance in the domain of natural law.

Intoxicating liquors have a narcotic property which affects alike the good man and the bad man. If a pagan swallow a sufficiently strong dose of prussic acid he will die as soon as, and no sooner than, a Christian with a similar constitution taking an equal dose. So the most saintly person on earth, if he drink the same quantity of strong drink, will *cæteris paribus* speedily be as drunk as will the most reckless of reprobates.

Alcohol is an irritant narcotic poison, and intoxicating drinks contain an appreciable quantity of this poison. The greater part of mankind fortunately are able to resist this narcotic influence which tends to create a desire for more of the narcotising agent; but there is a considerable minority of individuals who are susceptible to the action of this poison, upon whom it exerts its characteristic influence at once, and whose susceptibility is so delicate that their nerve structure seems to be rapidly altered and an alcoholically diseased condition speedily set up.

Sin, Vice, Crime, and Disease.

To no one of the straitest of theologians will I yield in abhorrence of the sin of intemperance, when it is a sin, as when men allow themselves to be overcome by drink, when they have the power of abstention; in aversion from the vice of drunkenness, when it is a vice, as when, for the pure love of getting drunk and riotous, men deliberately enter on a drinking bout; or in enforcing the penalties of the law against the wanton and avowed alcoholic disturber of the peace and breaker of the law. But there are numberless cases, many sad instances of which have come under my own observation, where the culprits have been more sinned against than sinning, where the vice has been not so much in the inebriate of the present as in the selfish alcoholic indulgence of the past, when crime done in drink has taken its real origin, not from the unhappy victim of the law, but from a depraved or defective organization transmitted by self-indulgent and vicious, if not criminal progenitors.

Even when the intemperance is occasional, it can occur only through the narcotic action of alcohol on the brain and nerve centres. In the isolated drunken debauch, as in the confirmed habit of inebrity, there is a physical element. Herein is a radical distinction between the sin of drunkenness and other sins, such as swearing, lying, or covetousness. These proceed from within. It is what cometh out of the mouth that defileth the man. But a man may be guilty of every sin save one; he may be a swearer, a liar, or covetous, but if he do not take intoxicating agents, he cannot be a drunkard. The presence of a material chemical substance is essential to the act of inebriety, constituting a specific difference from other sins, vices, or crimes.

I, however, have no sympathy with those who ignore the moral and spiritual aspects of inebriety and recognise only the physical. To say that addiction to drinking is always and never anything else than a physical disease, is not science, but nonsense. The assertion that drunkenness is never a vice, never a crime, never a sin, has no warrant either from science or from common sense.

Value of Religious Influences.

I have still less sympathy with attempts to depreciate so-called "religious" inebriate asylums and other moral efforts at the reclamation of the inebriate. There are Christian Homes for Inebriates, which though in my opinion defective in their management because they ignore the physical nature of the disease and trust to moral and religious efforts alone, have yet done good in the reformation of some inebriates and in the improvement of others. When in Glasgow last summer my host, Sir Wm. Collins, pointed out to me at a great gathering in the crowded city hall, the Mizpah Band, a company of reformed inebriates, several of whom were of the worst type of the habitual drunkard, had taken the pledge at Moody and Sankey's campaign in 1877, and had remained firm and steadfast in that practice of total abstinence on which alone they could safely stand. One of the Band has now been a consistent abstainer for fourteen years. Though physical agents act on body and brain independently of morals and religion, morality and faith may strengthen the resolve to abstain from such agents.

Whether I like or do not like it, I am bound to bear true witness, and I would be a traitor to truth if I did not unreservedly admit

that by moral and religious influences confirmed inebriates of a pronounced type have been sustained triumphantly in their gallant and successful nephalian struggle.

That religious influences assist in the reformation of the intemperate has been by many denied. To this denial I cannot assent. Very bad cases of dipsomania are known to me in which the strong impulsive force of a new spiritual affection has helped to steady the previously shifty one, and to keep him in that path of abstaining rectitude in which alone lay his safety. The Church of England and other ecclesiastical temperance societies afford convincing proofs in their commendable, and in some degree successful, rescue work.

Nor is this beneficent function of religious influence confined to any sect. An Irishman, a Roman Catholic, forty-five years of age, had been a periodic inebriate for fourteen years. His was an aggravated case. He had taken the pledge and broken it within a few hours times almost without number. Yet it was remarkable that if he went to the priest to have the pledge solemnly administered, he kept it for fully a week. His wife used to say that if she could only get him to go to the priest every week, he would be all right. In Ireland yet are to be met reformed inebriates who have owed their safety to the depth and permanency of the religious convictions impressed on their hearts by the single-hearted and devoted Theobald Mathew, and of those pledged by Cardinal Manning years ago, not a few have stood their ground.

Inebriety baffles Moral Effort.

Yet, after the fullest allowance for the good done by these and many other praiseworthy efforts at the reformation of the intemperate, there remains a vast concourse of inebriates, a dense mass of inebriety on which the most single-hearted and persistent Christian endeavour seems to make little or no impression, even as—

"On the impassive ice the lightning plays."

The mischief arising from this seething heap of excessive indulgence no human mind can fathom. The misery undergone by the victims themselves, culminating but too often in a terrible and prolonged death agony, what mortal tongue can tell? The lamentation and mourning and woe of the devotee to alcohol, his children,

wife and friends, what mortal can conceive? But we may make an approximate calculation of the extent of some of the more concrete mischievous results in the shape of loss of property and of life. Intoxicating drinks probably cost us every year in the United Kingdom, a direct and indirect loss of at least £200,000,000.

As regards life, it has been my duty to make special enquiry into the part which intemperance plays in the causation of premature mortality, and the lowest estimate which I could frame was that at least 40,000 persons died every year in the United Kingdom from personal intemperance, and probably double that number from poverty, accident, violence, or disease consequent on the intemperance of persons other than the slain. This estimate has been laid before several learned societies and, though it has been freely discussed, has never been seriously questioned, while it has been pronounced "moderate," and "under the truth," by well-known authorities on public health. It is not improbable that there are half a million of habitual drunkards in the United Kingdom.

Genesis of Inebriety.

Whence comes this nameless, this indescribable, this unfathomable load of inebriety? It does not like a destroying angel swoop down upon the earth from without and gather in its spoils of destruction and of woe in

"A bewildering mist of horror,"

whose desolating flight man has no power to hinder or to arrest. Neither does it, like the greedy longing for coveted gold by the miser, or like the envenomed whispers of the slanderer, proceed from the wickedness and deceitfulness of man's nature, or from the "evil heart of unbelief;" for the failing was comparatively unknown among millions of those whom we call "unbelievers," till our intercourse with them gradually introduced into their midst those habits of intoxication which Mohammedans and others had to acquire from our cultured and Christian civilization.

Inebriety is preventible. It is within the power of man to abolish it. Humanity need not, unless she choose, go on groaning under its intolerable burden of

Bitterness, worse than death;
Sorrow, greater than pain;
Anguish, deeper than madness.

Nothing comes by chance. Fixed and immutable are the laws of life. Whence comes this inebriety? And under what conditions?

Inebriety is for the most part the issue of certain physical conditions, is an offspring of material parentage, is the natural product of a depraved, debilitated, or defective nervous organization. Whatever else it may be, in a host of cases it is a true disease, as unmistakably a disease as is gout or epilepsy or insanity. In early times this fact seems to have been more clearly and fully recognised than in these latter days. Drunkenness, said Aristotle, is voluntary madness. Alas, in our time it is often a madness which is not always voluntary.

What is Inebriety?

What is inebriety? We may define it as a diseased state of the brain and nerve centres, characterised by an irresistible impulse to indulge in intoxicating liquors or other narcotics for the relief which these afford, at any peril. This ungoverable, uncontrollable, overpowering impulse may hurry on the diseased dipsomaniac to his destruction, even when he has no relish for the toxic agent, but on the contrary loathes and detests it.

In such cases the power of self-control has been so weakened, and the desire to resort to intoxicants has become so ungovernable, that the abjectness of the bondage under which the shiftless and helpless victims of dipsomania groan is indeed most piteous. Of these unhappy and hard-driven serfs of strong drink it may be deliberately said:—

> "For they all pined in bondage; body and soul
> ——————————————————bent
> Before one power, to which supreme control
> Over their will, by their own weakness lent,
> Made all its many names omnipotent."

Conditions Favourable to Inebriety.

Under what conditions is this harassing and baffling disease developed? Largely by

Heredity,

either by an inherited tendency to excess once the fatal potion is sipped, or by a transmitted taint or defect in the brain and nervous

centres. Many observers attribute the majority of cases of dipsomania to heredity. My own observation does not warrant such a conclusion, but I have no doubt that at least 30 per cent. of bad cases of inebriety owe their origin mainly to an inherited alcoholic taint.

Though the existence of heredity in disease is, by the philanthropic world, frequently doubted, and still oftener ignored, of the operation of this natural law there is no doubt. Cancer, gout, and a host of ailments more or less serious, are constantly met with, which clearly owe their origin to an inherited diathesis. The diseases induced by alcohol are handed down in the same way. It is no uncommon thing for me to meet with clearly-defined cases of inherited alcoholic gout, rheumatism, epilepsy, and other forms of alcoholically-produced departures from health.

Even when the inebriate parent transmits no crave for alcohol, and no abnormal state attributable to degeneration by alcohol, his progeny not unseldom are stunted or defective, with a highly sensitive nervous system, a lack of mental balance, and a feeble power of will. Mentally and physically weak, the degenerate offspring are apt either to succumb to the demands of childhood, or to be cut off in manhood from the extra call in acute illness for that recuperative power which they cannot spare.

The principal inherited cause is an inebriate parent. In some cases both parents have been addicted to drinking, but in the majority of cases which I have seen the fault has lain with the father. In recent years I regret, however, to have to confess to having seen a largely increasing proportion of inebriety descend from the female parent.

Parental insanity accounts for a small proportion of hereditary alcoholism. Here I have not observed much disparity between the sexes.

Not only is there hereditary transmission of the drink crave itself, which needs only the slightest sip to be aroused in full force, but there are also transmitted the pathological conditions, the abnormal changes wrought by alcoholic inebriety.

Nervous Shock.

In certain constitutions a sudden nervous shock has been the starting-point on a rapid journey to inebriety. A reverse of fortune, or the opposite—an unexpected accession of wealth—has been known to have launched men and women right off on an intempe-

rate career. Heavy losses in business, the failure of a large speculation, overwhelming sorrow consequent on sad bereavements (in one case the loss of a whole family in one week from scarlet fever), have been among the many exciting causes which have come under my own cognizance. In several instances, cruel disappointments in love have been the occasion of the development of drunken habits in refined and nervous ladies, transforming the neat, elegant, and attractive temperate one into an untidy, indecorous, lying, and repulsive dipsomaniac.

Inebriety from mental shock offers a wide and inviting field of observation to the scientific enquirer. Probably the shock has induced some obscure pathological disturbance by deranging the functions of the nervous system, setting up a cerebral or nervine paralysis, or it may be an irritable state of the brain which calls for an intoxicant or other narcotic as a solace for unbearable suffering.

Overwork.

Overwork is a fertile cause of inebriety. When exhausted and worn out, the overtaxed thinker on taking a glass of fermented wine finds to his delight that his lethargy is gone, that he can read and write once more with ease, and he gladly returns to his favourite pursuit. The clergyman, the Christian worker, or the physician, after an exhausting day spent, O, how wearily! in listening to long dreary accounts of innumerable wrongs and ailments, imaginary and real, is so prostrate that he cannot even look at the food which his badly used stomach so sorely needs and plainly clamours for. An intoxicating stimulant in a few seconds dissipates every sense of fatigue, seems to infuse new vigour into his veins, new life into his fainting spirit, so that he can sit down comfortably, heartily enjoy a good dinner, plan new and more extended work for the days which are to follow, and indulge in roseate visions of a happy future.

> "Had I a tongue in eloquence as rich
> As is the colouring in fancy's loom,
> 'Twere all too poor to utter the least part
> Of that enchantment."

Alas! the exhilaration, the enlivenment, the vigour, the enchantment, are but short-lived.

The effect, as a patient of my own, a maiden lady of some eighty-

six years, who had long been bedridden, used to say, when her sister would insist on a glass of wine being taken, the effect is "false fire." There is but a transient blaze, a brief space of light and life and happiness, succeeded all too soon by darkness, languour, and wretchedness, by a heavier gloom, a deeper lethargy, and a more profound exhaustion than before. The deceptive stimulant has again to be resorted to, and the oftener it is relied on the more frequently it is required. Such has been the regular course of events in the march of not a few Christian ministers, religious workers, and medical practitioners, every step of whose downward progress it has been my painful duty to note.

Lack of Healthy Stimuli.

In this high-pressure age of work and worry it cannot be denied that in not a few cases the inebriate habit has been insensibly acquired from an absence of amusement, recreation, change of occupation, social enjoyment, domestic happiness, or other useful stimulant to healthy exercise of brain and mind.

Injuries.

Injuries of various kinds, especially when affecting the brain, have been found to be an exciting cause. I have seen several cases myself, and Dr. Lewis Mason, in his valuable "Statistical Report of 600 Cases of Alcoholic Inebriety," treated at the Home at Fort Hamilton, N.Y., states that at least one in six of these cases dated their inebriety from blows on the head. Different forms of disease have also acted similarly. I have succeeded in promoting the cure of several cases of dipsomania by attacking the disease, the irritation from which on the cerebro-spinal functions appeared to keep up the tendency to alcoholic indulgence.

Other Causes.

In a large number of inebriates with whose history I have been professionally acquainted, various abnormal states of body or of mind have led to the drinking habit. Not a few have owed their ruin to dyspepsia. For the overpowering sinking, the nervous terror, and the ever present fear of sudden death characterizing some forms of this Protean ailment, these martyrs to indigestion

flew to alcohol, which they found for the moment alleviated their sufferings and calmed their perturbed spirits.

In other cases some obscure form of functional cerebral derangement following at one time enteric fever, at another time diphtheria, and sometimes different diseases, has been the point of departure from sobriety.

At times intoxicating remedies administered medicinally have, on the patient's recovery from acute illness, plunged him, and far too often her, into a career of inebriate excess. Though I can regard only with indignation the sweeping charges constantly brought against our profession of doing more by our medical prescription of intoxicants to promote drunkenness than any other agency, an accusation often falsely made by drunkards determined to throw the blame for their own misdeeds on any shoulders but their own; yet it cannot be denied that lavish and incautious ordering of intoxicating stimulants has time and again given patients an ~~alcoholic~~ tonic impetus which has been their moral undoing. The story is too sad to be told of the frank, noble-hearted abstinent women whom I have known to be launched on the troublous and fatal sea of confirmed ~~inebriety~~ by the mistaken prescription of strong drink while nursing. This prescription has only sometimes been by the attending physician, and the stimulants have generally been resorted to at the instigation of the nurse, or of a friend of the patient.

In many cases in which no special disease or injury is known to have played any part, complications exist which tend to set up and protract the dipsomaniacal habit. Phthisis, syphilis, epilepsy, and an insane diathesis all contribute to the inception and persistence of habitual drunkenness.

Sex exerts a potent influence, nerve storm in natural functions being an influential factor in the production of inebriety among females.

Though this has been disputed, I think that there can be little doubt that a predominating factor has been the habit of drinking long continued. Whether the drinking has been "moderate," or "free," or excessive," the habit has not necessarily been vicious. If there is a weak point in a man's mind, or a black speck in his moral nature, the disturbing influence of an intoxicant still further weakens the one and intensifies the other, just as it aggravates a defect in his physical being.

Treatment.

Having glanced at the etiology of inebriety, and caught a faint glimmer of the truth, we are now in a position to consider the plan of treatment best fitted to effect a cure.

The first and most essential condition is that of complete abstention from all intoxicating drinks. The dipsomaniac is suffering from poisoning, and it is indispensable that the poisoning action be stopped. He is physically and mentally sick, the sickness being maintained and kept alive by the inhibition of certain disturbing sickness-producing substances; and it is imperative that the use of the articles which have made the man sick be at once discontinued. Unconditional total abstinence is the only safe rule. No exceptions to this rule, social or ecclesiastical, can be permitted without serious risk. The influence of an intoxicating drink is primarily physical, and no moral or religious surroundings or conditions can prevent or alter the physical effects of intoxicating agents on the human brain and nervous system. From unacquaintance with this fact, reformed inebriates have been led back again to their former evil course of intemperance by tasting their intoxicating bane at communion. The drink crave may be starved out by long years of faithful abstinence, but, in a large proportion of cases, the constitutional susceptibility to the narcotic influence of intoxicating beverages remains latent, and while life is, many a rescued one dare not even sip the weakest form of such drinks. If he did so, he could truly say—

> "There is no dram of blood,
> That doth not quiver in me! The old flame
> Throws out clear tokens of reviving fire."*

This applies to alcohol administered medicinally; and the physician ought never knowingly to order an intoxicating remedy to any one who has ever been addicted to drink.

The next point is to go behind the alcoholic habit, and ascertain what has been the departure from mental or bodily health, which has led to indulgence in a stimulating narcotic.

By abstention from strong drink the dipsomaniac may be cured for a time, but if the treatment go no further, and if the abnormal condition of body or of brain which incited to a resort to alcohol be allowed to remain, the probability is that the reformed ebriate

* *See* "The Foundation of Death," by Axel Gustafson. Kegan Paul and Co.

will ere long return to his former drinking habits, and his latter state be worse than his former.

One case will illustrate what I mean. An inebriate patient of mine, a tall, strong, well-built man, aged 46, had suffered from heat-apoplexy in India, and was so affected by the heat in London that in two different summers he became insane from drinking, and had to be put under restraint for a couple of months at a time. He succeeded at length in keeping free at once from drink and from an insane outbreak by adopting the plan of, during the hot season, restricting himself to a plain, non-heating diet, by adopting suitable clothing, and by wearing headgear which kept his head cool.

In other cases where I have found specific disease to be the ultimate source of the habit of inebriation, as soon as the specific disease was got under, a renewed attempt at the abandonment of alcohol was successful.

Whatever the original abnormal diseased state, to secure relief from the pain or depression arising from which narcotics were flown to, that

"Fons et origo mali"

should be explored and boldly attacked.

Another important indication in successful treatment is to enlist the inebriate himself in the work of cure. All the world cannot reform a drunkard against himself. To succeed we must carry him with us. This is easier than most persons suppose. The very general unfavourable result of efforts to enlist the dipsomaniac's co-operation has for the most part been from the manner in which he has been lectured and abused, rebuked and looked down upon, and, in short, treated as a moral leper. Explain to him that he is suffering from a physical disease, like a man afflicted with rheumatism or sciatica, and that his hope of permanent cure lies mainly in recognizing his physical susceptibility to the action of a poisonous narcotic material agent, and you intelligently appeal to his reason. Even when that faculty seems to have all but gone through alcoholic excesses, you will at times find that the reasonableness of this physical presentation of his case will awake dormant powers of thought undreamt of or believed to be non-existent. Once alive to the fact that his giving way to drink is the effect of physical causes (generally remediable if discoverable), and his consciousness of being able to assist in the removal of these physical causes of his besetting weakness may tend to stimulate and encourage him to renewed and

persistent endeavour to effect a cure. In many cases, especially of the periodic type, if the premonitary symptoms of *malaise* are promptly and effectively treated an alcoholic paroxysm may be averted.

The next indication is to place the inebriate in circumstances favourable to cure. The first step is to break the continuity of the drinking habit, and then get him away from the drink for a longer or shorter period. How is this to be done? If he has sufficient strength of mind, or if his will-power be not too weakened, he may, notwithstanding the incessant temptations to drink on every hand and the atmosphere of alcohol in which he has to live, stand firm in abstinence. But there are multitudes whose *morale* has been so deteriorated, whose will has become so paralyzed, that they are quite unable to resist the allurements of social custom or the strong public enticements so profusely provided by our present indefensible licensing system. For such there is but one human hope—seclusion in some Home, or on some long sea voyage, where the presence of intoxicating drink is not allowed, and where appropriate therapeutic and hygienic treatment may be applied.

There has been a degeneration of brain tissue, and time must be given for a new and ample supply of healthy brain and nerve substance. In all probability, though this is one of those intricate questions calling for the long and close observation and study of such a society as ours, as in other diseases involving degeneration, the longer the period during which this process has been going on, the longer will be the time needed for the repair and reproduction of normal structure.

Hence there has been a fair amount of success in the treatment of inebriety in Asylums for the Inebriate in America and elsewhere; and hence the remarkable success, so far as that can possibly yet be known, of that interesting and hopeful experiment, the Dalrymple Home at Rickmansworth, under the able superintendence of Mr. Joseph Smith, M.R.C.S., where at the present moment upwards of a dozen inebriates have voluntarily placed themselves under the compulsory detention clauses of the Habitual Drunkards Act and have surrendered their liberty, in six cases, for the full period permitted by law—namely, twelve months each, in the prospect of a permanent cure.

Subjects for Study.

We have thus taken a bird's-eye view of the causes and cure of inebriety. Many important collateral topics must remain unnoticed, but we may glance at two.

Relations of Inebriety to Insanity.

The relations of insanity to inebriety are a most interesting study. Having turned my attention somewhat in this direction, I can promise a rich reward for painstaking and accurate inquiry. There is, as we have seen, inebriety from the insanity of one or both parents, and even from the insanity of a generation further removed. Some members of a family, whether parental insanity or intemperance have been the source, may become inebriates, while other members of the same family may develop insanity altogether apart from personal drinking. In one instance, for example, a drunken father had six children, of whom two daughters became drunkards, one daughter and one son were idiots, one son was an epileptic, and the third son committed suicide while suffering from alcoholic mania. In another family circle with a drunken head, one girl was an imbecile, two girls were hysterical, one son died at thirty-four of alcoholic apoplexy, a second was an epileptic, and the third was an idiot. Idiocy is not at all uncommon in the families of inebriates.

What is an act of drunkeness but temporary insanity? The ancients must have thought so, for one of the meanings of the Sanskrit verb *mad* was "to get drunk," and the Sanskrit noun *mada* signified (1) intoxication, (2) insanity. Aristotle called intoxication "voluntary madness."

In almost every stage of alcoholic drinking there can be traced an insane element. Even many moderate drinkers are liable on some special occasion, when slightly transgressing their usual alcoholic limit, to be so affected as if habitually grave to be merry, if usually of a happy temperament to be melancholy, if generally modest and unassuming to be obtrusive and boastful. I have known excellent, well-living, high-souled men and women do sinful, wicked, criminal and foolish deeds when a little overcome by liquor. What are these but the acts of a person for the moment beside himself?

Then see how many periodical inebriates, thoughtful, deliberate, and sagacious in their intervals of sobriety, are guilty of the most eccentric and extraordinary acts in their intemperate outbursts. Attempts to set something on fire (pyromania), attempts to steal (kleptomania), special delusion (monomania), with such ridiculous and insane performances as one always when drunk stealing a bible, another flat irons, a third a tub, a fourth an iron pot, a fifth an apron, a sixth destroying everything within reach, a seventh always insisting even when he reached home at the dead of night, on what he never would allow when sober, the conducting of family worship to a roused and sleepy household. All these, and a thousand other escapades, what are they but fits of temporary insanity? Delusions are also observed in some cases. For example, I have had under my care a periodic drunkard, who, during the three days of his regular monthly alcoholic paroxysm, always insisted and evidently believed that he was The Pope of Rome, and that no one must contradict him, as he was infallible and his word was law. In another case, a lady whom I was summoned to attend for small-pox, was only drunk. In 48 hours she was once more of sound mind, and the dreaded disease was found to have been but a

"Bodiless creation."

What are these and numberless other delusions but the imaginings of a mind, for the time, unsound?

Look at the man labouring under an attack of that most piteous of all diseases, delirium tremens. The lions which one of my patients, a lady, saw under the sofa, the chairs, the tables, behind the curtains, rushing down the chimney; the serpents, the mice, the the swarms of loathsome creatures—

"Foul ceaseless shadows"

which have been vividly present to the eyes of others; the assassins ready at every corner to waylay and kill another. What are all these false appearances but the insane coinings of an insane brain?

The terrible phenomena of double consciousness, which consist in the persistence of delusions which the inebriate all the while knows to be but delusions, yet is unable to dismiss from his mind, and which also too often harass the tortured victim till he seeks refuge in a suicidal death:—what are these phenomena but the phenomena of true insanity?

That intemperance is a potent factor in the causation of insanity

no one can deny. The Commissioners in Lunacy, their chairman Earl Shaftesbury, Dr. Edgar Shepherd of Colney Hatch, and a host of experts have drawn marked attention to this cause. At the lowest estimate, that agreed in after a discussion in the Psychological Section at the last British Medical Association meeting at Cambridge, 16 per cent. of our insanity is attributed directly to intemperance.

Insanity is likewise a by no means unimportant source of intemperance; the disturbed nervous function, the ill-balanced mental equilibrium, and the defective reasoning power all tend to render the insane peculiarly liable to fall into alcoholic excess. There is so close a relationship between insanity and intemperance that, in common with other observers, I at times see cases on "the borderland" which I am puzzled to know where to place.

Inebriety and Medical Jurisprudence.

The relations of inebriety to medical jurisprudence are interesting and important. In alcoholic trance, with which habitual as well as periodic inebriates may be affected, acts may be performed of which the doer has no recollection on a return to consciousness. This opens up medico-legal questions which only exact observation can settle, problems of deep importance in the solution of which a clinical study of inebriety will materially aid.

Concluding Appeal.

The work of this association conflicts with that of no other institution. We are the friends of all good movements, and the enemies of none.

By all means use every moral and legislative effort in your power to mitigate and prevent intemperance and the prolific mischief flowing therefrom.

I have not attempted to dogmatize on disputed points as to whether inebriety is a sin, a vice, a crime, or a disease. In my humble judgment, it is sometimes all four, but oftener a disease than anything else, and even when anything else, generally a disease as well. It seems to me that we are as yet too ignorant to venture on sharp definitions or dogmatic statements, and that the most

reasonable position for us, as scientific inquirers, to take, with our present knowledge, is that, while the drinker who is either driven by an ungovernable impulse, or is pursued by a constant desire to fly to intoxicating liquors, is in a diseased state; in all indulgence in intoxicants there is a physical influence in operation, a physiological neurotic effect, the tendency of which is to create an appetite for more of the intoxicating agent.

By whatever name you designate it, I am persuaded that inebriety is mostly physical, and for the most part has a physical origin.

There can be no harm, but much good, in regarding inebriety as a disease, even if you look upon it also as a sin, a vice, or a crime. The habit of excessive drinking, whether habitual or periodical, has generally been found to have been first developed between the ages of fifteen and twenty-five. Here is a noble field for preventive effort. Let the Bands of Hope train up the young in strict abstinence, and teach the true nature and influence of intoxicating drinks. Let the Senior Bands lay hold of these graduates in nephalism when they emerge from the juvenile associations. Let the adult societies thereafter take them by the hand and conduct them safely past the most dangerous period, all these bodies taking care to educate their members in the chemistry, physiology, and pathology of alcohol. You will thus do a grand work of prevention, by which you will not only save an enormous amount of human sorrow, but, in addition, as surely as the setting right of defective drainage will prevent an epidemic of enteric fever, so surely will you prevent the greater part of that fearful and sickening amount of inebriety, the best means for attempting the cure of which this society was founded to investigate. In alcoholism, as in all other diseases, prevention is, indeed, better than cure; and we cherish the hope that our study of the best method of cure will contribute something to our knowledge of the causes, and thus facilitate the discovery of the most effectual means of prevention.

I have been told that our Society can do no good. Well, at least we shall take care to do no harm; and if it so turn out (though I, for one, do not believe that honest work in the interests of science and of truth can ever be fruitless), our highest ambition will be gratified if by our failure the success of those who are to come after us will be assured. But we confidently believe that we will succeed in acquiring a more exact acquaintance with the phenomena, causation, and conditions of cure of inebriety, by engaging in the study

of this intractable disease with the same strictly scientific method with which we enter upon the study of other forms of disease. We shall be satisfied if we succeed in impressing on the public mind that inebriates are not necessarily scoundrels—that to treat the dipsomaniac as a criminal is not to cure but to confirm his inebriety, not to reform him but to make him worse—that no reproach should be cast on the inebriate for surrendering his freedom in the hope of cure—that no slur should be attached to residence (voluntary or involuntary) in a Home for Inebriates any more than in a hospital or an asylum—that inebriety is the inevitable outcome of our dangerous social customs—of our halting unrighteous legislation—that the moral, social, political, economical, and spiritual mischiefs arising from intemperance are the result of the operation of natural law, of the physiological and pathological action of an irritant narcotic poison on the brain and nervous centres of human beings endowed with a constitutional susceptibility to the action of this class of poisonous agents; and that it is the duty of those who are not so heavily handicapped in the race for temperance to employ every lawful means to aid and encourage their weaker brethren and sisters in a resolute, though always difficult effort at amelioration, as it is the duty of the State to make permanent, while amending, the present temporary Act for promoting the reformation and cure of the habitual drunkard, and to supply adequate provision for the care and treatment of such needy diseased inebriates as, from their serious illness of body and of mind, are unable to contribute to their own maintenance and support.

In an endeavour to inquire into the causes, and to arrive at the best mode of cure of our great national shortcoming, every intelligent truth-seeker can join. Members of a learned profession as we are, we invite the associated aid of all, irrespective of personal habits, callings, or opinions. This is an inquiry in which the makers, the distributers, and the users of strong drink may, with perfect propriety, unite with the moral suasionist, the teetotaler, and the prohibitionist.

This is a Society for the study and cure of inebriety. Our object is to investigate, by strictly scientific methods, the various causes, and to educate the professional and public mind to a knowledge of those causes, and to a recognition of the physical aspect of habitual intemperance. Permitting no preconceived opinions to stand in the way of our research, allowing no foregone conclusions or sentiments

to bias our judgment, we propose, without prejudice or passion, deliberately and persistently to pursue our modest inquiry, in the earnest hope and confident anticipation that in the solution of the dark and perplexing drink problem we, or our successors, may ere long be rewarded by a full, clear view of

> "Truth unbroken and entire;
> Truth in the system, the full orb; where truths
> By truths enlightened and sustained, afford
> An arch-like strong foundation, to support
> The incumbent weight of absolute, complete
> Conviction; here, the more we press, we stand
> More firm."

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.

"An Association with this object has been in operation in America since 1879; but only on March 25th, 1884, was a similar Association constituted in England. At a Meeting held in London on that day, a new society, entitled the Society for the Study and Cure of Inebriety, was formed to investigate the various causes of inebriety, and to educate the professional and public mind to a knowledge of those causes, and to a recognition of the physical aspect of habitual intemperance."—*British Medical Journal.*

"In every way the new Association is a welcome one."—*Medical Press.*

Qualified medical practitioners may be admitted Members on payment of an annual subscription of not less than five shillings. Registered medical students and others interested in the work of the Association are eligible as Associates, but with no power of voting in the elections or taking part in the business of the Association, on the payment of the same annual subscription. Members and Associates shall be elected by the Council.

Applications for Membership and Associateship to be addressed to the President, 42, Grove Road, Regent's Park, London, N.W.

H. K. LEWIS,

MEDICAL BOOKSELLER AND PUBLISHER,

136, GOWER ST., LONDON, W.C.

TO BOOK BUYERS.—A complete Stock on hand of the principal Works of all Publishers. Books in all departments of Literature (including Medical and Scientific) are supplied, for cash with order, at a discount of 25 per cent. (3d. in 1s.) from the published prices. Foreign works and periodical publications supplied as issued. Book Clubs, Institutions, and Local Societies supplied on advantageous terms.

MEDICAL AND SCIENTIFIC LIBRARY.—Established in 1852, supplies Individual Subscribers and Book Clubs throughout the United Kingdom. All new works are added in unlimited supplies as soon as published. Catalogue, 270 pp. (price 5s.), gratis to Subscribers. Annual Subscriptions from One Guinea. Prospectus post free.

SECOND-HAND MEDICAL and SCIENTIFIC BOOKS.—A large stock always on hand. List post free. Scarce works sought for.

HUMAN OSTEOLOGY.—A large selection of fine preparations at moderate prices. List on application.

NEW SYDENHAM SOCIETY.—Annual Subscription One Guinea, which entitles the Subscriber to the works issued for the year. Back years' Series may be obtained. The works issued include translations of important Continental works, and also Reprints of Standard English Medical Authors. Report, with full list of works, rules, &c., post free.

PRINTING AND PUBLISHING DEPARTMENT.

Estimates for the complete production of Medical Works, including printing, illustrating, binding, &c., on application.

Mr. LEWIS is in constant correspondence with the leading publishing houses in America, with whom he has transactions for the sale of his publications in that country, and, notwithstanding the absence of international copyright, he is able to make advantageous arrangements for the works of English authors.

Mr. LEWIS'S publications can be procured of any bookseller throughout the world.

Complete Catalogue of Lewis's Publications post free on application.

LEWIS'S PRACTICAL SERIES.

Under this title Mr. LEWIS purposes publishing a complete Series of Monographs, embracing the various branches of Medicine and Surgery.

The volumes, written by well-known Hospital Physicians and Surgeons recognized as authorities in the subjects of which they treat, are in active preparation. The works are intended to be of a *thoroughly practical* nature, calculated to meet the requirements of the general practitioner, and to present the most recent information in a compact and readable form; the volumes will be handsomely got up, and issued at low prices, varying with the size of the works.

Several volumes are nearly ready, and further particulars will be shortly announced.

H. K. LEWIS, 136, GOWER ST., LONDON.

Dalrymple Home for Inebriates,

THE CEDARS, RICKMANSWORTH, HERTS.

LICENSED UNDER THE HABITUAL DRUNKARDS ACT, 1879.

Patients received Privately and under the Act.

Honorary Consulting Physicians.

B. W. RICHARDSON, M.D., F.R.S. ALFRED CARPENTER, M.D., J.P.
NORMAN KERR, M.D., F.L.S.

Resident Medical Superintendent.

JOSEPH SMITH, M.R.C.S., Sanit. Sci. Cert., Camb.
Late Honorary Surgeon to the Royal Surrey County Hospital, and Medical Officer of Health to the Guildford Rural Sanitary Authority.

OPINIONS OF THE PRESS.

The Times.—"A very pleasant house standing in about five acres of beautiful grounds, admirably adapted to the purpose it is intended to fulfil."

The Lancet.—"Practitioners having dipsomaniac patients cannot do them a greater kindness than to urge them to use this Home, with its regulated life and pleasant surroundings."

British Medical Journal.—"Charming grounds. A very pleasant view from the public rooms, the house standing on a terrace 30 ft. above the river Colne. Spacious dining hall and kitchen. The billiard-room a prominent feature."

ALSO RECOMMENDED BY THE

Medical Press, Sanitary Record, Morning Post, Standard, Daily News, Pall Mall Gazette, St. James's Gazette, Echo, Christian World, Church of England Temperance Chronicle, Alliance News, Temperance Record, &c., &c.

For Terms, apply to the Medical Superintendent, JOSEPH SMITH, M.R.C.S., The Cedars, Rickmansworth, Hertfordshire.

NEW
UNFERMENTED WINES,

IMPORTED DIRECT FROM THE VINEYARDS BY

FRANK WRIGHT,

MAKER & IMPORTER OF UNFERMENTED WINES,

27, MERTON ROAD, KENSINGTON,

LONDON, W.

Silver Medal & First-Class Certificate, Calcutta Exhibition, 1884.

Letters Patent granted July 23rd, 1880.

These Wines are all **Unfermented** and **Unintoxicating**. **Their Genuineness is guaranteed**, and placed beyond all reasonable question by the stringency of the conditions under which they are imported, the high character of the growers, and the careful examination of every consignment before it is taken into stock.

In the manufacture of ordinary Intoxicating Wines, the characteristic qualities of the grape are gradually destroyed as fermentation progresses. In Unfermented Wines, on the contrary, the rich nutritious qualities of the grape are fully retained, and the characteristic flavour of each species of grape is distinctly recognizable in the wine which has been made from it.

For these reasons, Unfermented Wines are admirably adapted to cases of debility and fever, in which the stomach is too weak to digest other food, and in which the dangerous stimulation of alcohol is often the addition of another form of disease to one already existing. Children suffering from febrile ailments generally drink these wines with avidity, even when all other food has been refused.

ALTO-DOURO.	BORDEAUX.
CONGRESS.	VESUVIUS.
MADEIRA.	RIESSLING.
MUSCAT.	MARSALA.

"The unintoxicating wines imported by you from their native vineyards abroad gave great satisfaction at the Inaugural Luncheon of the Society for the Study and Cure of Inebriety, in the rooms of the Medical Society of London. Many of the 180 guests expressed their agreeable surprise at the delicacy and variety of the flavours of the different wines . . . . and stated their intention of putting these wines on the table at their private dinner parties."—NORMAN KERR, M.D., F.L.S., President.

"We put them on our table, and all who partook of them were extremely pleased, and considered that now a difficulty was met which had not been met before; and I should not in the least degree hesitate to give a dinner to any class of people, even the most refined, with these wines on the table, which are perfectly harmless in themselves, and withal nutritious. They are exceedingly grateful to the palate, and I think that, with their introduction, we may fairly consider the social difficulty very largely solved."—B. W. RICHARDSON, M.D., F.R.S.

"I am very glad to be able to speak highly in favour of the new kinds of unfermented wine. They are delicious, and meet with general approval, some, of course, preferring one and some another."—J. J. RIDGE, M.D., M.C., &c.

PORT WINE WITH BARK,

UNFERMENTED AND UNINTOXICATING

This Wine is a combination of the freshly-expressed juice of the finest grapes grown in the vineyards of the Alto-Douro, with the extract of the best Peruvian Bark. The Wine, being Unfermented, retains all the Nutritive and Medicinal qualities of the Grape unimpaired; and the Extract of Bark is so prepared as to retain all its active principles while eliminating the nauseous and inert constituents.

Most valuable as a TONIC and STOMACHIC in cases of EXHAUSTION from Overwork, Severe Illness, or long-continued indulgence in Intoxicating Liquors. Also in Intermittent Fever and Neuralgia.

This Wine is highly approved, and frequently prescribed by Dr. B. W. Richardson, F.R.S., and Dr. Norman Kerr, F.L.S.

Prospectuses, containing full description of the Wines and a List of Prices, will be sent post free on application as above.

Apollinaris

"THE QUEEN OF TABLE WATERS."

British Medical Journal.

"PURE WATER is only to be obtained from NATURAL SOURCES."

Vide LANCET, July 7, 1883.

"APOLLINARIS NATURAL MINERAL WATER issues from a spring deeply imbedded in a rock, and is THEREFORE OF ABSOLUTE ORGANIC PURITY."

OSCAR LIEBREICH,

Regius Professor of Pharmacology, University of Berlin.

The APOLLINARIS was much appreciated by the company at the luncheon in The Medical Society's Rooms, Chandos Street. I cordially concur in the opinion freely expressed by the guests, that, As a Grateful and Refreshing Table Water IT HAS NO EQUAL.

(Signed) NORMAN KERR,
M.D., F.L.S.,

President Society for the Study and Cure of Inebriety; Consulting Physician to the Dairymple Home for Inebriates.

SOLE IMPORTERS:
THE APOLLINARIS CO., Limited, London.